Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
MIDDLE DISTRICT OF FLORIDA		
Case number (if known)	Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	☐ Check if this ar amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pa	rt 1:	Identify Yourself		
			About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	You	r full name		
	Writ	e the name that is on	Muneca	
pic exa	pictu	your government-issued picture identification (for example, your driver's	First name	First name
	licer	nse or passport).	Middle name	Middle name
Bri	Brin	g your picture	Aldarondo	
	mee	tification to your eting with the trustee.	Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)
2.		other names you have d in the last 8 years		
		ude your married or den names.		
3.	you nun Indi	y the last 4 digits of r Social Security nber or federal vidual Taxpayer ntification number N)	xxx-xx-2353	

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Debtor 1 Muneca Aldarondo Case number (if known)

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names	I have not used any business name or EINs. Business name(s)	☐ I have not used any business name or EINs. Business name(s) EINs
		LING	LING
5.	Where you live	2800 E. 113th Ave. #108	If Debtor 2 lives at a different address:
		Tampa, FL 33612 Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code
		Hillsborough County	County
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code
6.	Why you are choosing this district to file for bankruptcy	Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.)	Check one: ☐ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)

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Deb	tor 1	Muneca Aldarondo)				Case number (if known)	
Par	t 2:	Tell the Court About \	our Bankr	uptcy Ca	ise			
				(For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy)). Also, go to the top of page 1 and check the appropriate box.				
	choo	sing to file under	■ Chapte	er 7				
			☐ Chapte	er 11				
			☐ Chapte	er 12				
			☐ Chapte	er 13				
8.	How	you will pay the fee	abo orde	ut how yo	ou may pay. Typically attorney is submitting	, if you are paying the fee	neck with the clerk's office in your local or e yourself, you may pay with cash, cashie ehalf, your attorney may pay with a cred	er's check, or money
			☐ I ne	ed to pay	the fee in installm		ption, sign and attach the Application for	Individuals to Pay
				•	e in Installments (Of	,	tion only if you are filing for Chapter 7. D	v love o judgo mov
			but app	s not requies to you	uired to, waive your ur family size and yo	fee, and may do so only if u are unable to pay the fe	tion only if you are filing for Chapter 7. B your income is less than 150% of the of e in installments). If you choose this opti official Form 103B) and file it with your pe	ficial poverty line that on, you must fill out
9.	Have you filed for No.							
		ruptcy within the 3 years?	☐ Yes.					
				District		When	Case number	
				District		When	Case number	
				District		When	Case number	
10.		ny bankruptcy s pending or being	■ No					
	filed not fi you,	by a spouse who is ling this case with or by a business er, or by an	☐ Yes.					
				Debtor			Relationship to you	
				District	-	When	Case number, if known	-
				Debtor			Relationship to you	
				District		When	Case number, if known	
11.	-	ou rent your ence?	□ No.	Go to li	ine 12.			
			Yes.	Has yo	our landlord obtained	an eviction judgment aga	inst you?	
					No. Go to line 12.			
					Yes. Fill out <i>Initial</i> S bankruptcy petition.		on Judgment Against You (Form 101A) a	nd file it with this

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Deb	Wiuneca Aldarond	0		Case number (if known)			
Part	Report About Any Bu	sinesses	You Own as a Sole Proprie	etor			
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to Part 4.				
		☐ Yes.	Name and location of bu	siness			
	A sole proprietorship is a						
	business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name of business, if any				
	If you have more than one sole proprietorship, use a separate sheet and attach		Number, Street, City, Sta	ate & ZIP Code			
	it to this petition.		Check the appropriate b	ox to describe your business:			
			☐ Health Care Bus	iness (as defined in 11 U.S.C. § 101(27A))			
			☐ Single Asset Rea	al Estate (as defined in 11 U.S.C. § 101(51B))			
			☐ Stockbroker (as	defined in 11 U.S.C. § 101(53A))			
			☐ Commodity Brok	er (as defined in 11 U.S.C. § 101(6))			
			☐ None of the above	/e			
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a <i>small business</i> <i>debtor?</i>	deadline operation	s. If you indicate that you are ns, cash-flow statement, and S.C. 1116(1)(B).	e court must know whether you are a small business debtor so that it can set appropriate a small business debtor, you must attach your most recent balance sheet, statement of federal income tax return or if any of these documents do not exist, follow the procedure			
	For a definition of small	No.	I am not filing under Cha	opter 11.			
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.				
		☐ Yes.	I am filing under Chapter	r 11 and I am a small business debtor according to the definition in the Bankruptcy Code.			
Part	Report if You Own or	Have Any	y Hazardous Property or Ai	ny Property That Needs Immediate Attention			
14.	Do you own or have any	■ No.					
	property that poses or is alleged to pose a threat of imminent and identifiable hazard to	☐ Yes.	What is the hazard?				
	public health or safety? Or do you own any property that needs immediate attention?		If immediate attention is needed, why is it needed?				
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is the property?				
	-			Number, Street, City, State & Zip Code			

Debtor 1 Muneca Aldarondo

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Deb	otor 1 Muneca Aldarond	lo	Case number (if known)				
Par	t 6: Answer These Quest	ions for R	eporting Purposes				
16.	What kind of debts do you have?	16a.		ly consumer debts? Consumer debt personal, family, or household purpos	s are defined in 11 U.S.C. § 101(8) as "incurred by an se."		
			☐ No. Go to line 16b.				
			Yes. Go to line 17.				
		16b.		ly business debts? Business debts a investment or through the operation of			
			☐ No. Go to line 16c.				
			☐ Yes. Go to line 17.				
		16c.	State the type of debts yo	ou owe that are not consumer debts of	or business debts		
17.	Are you filing under Chapter 7?	□ No.	I am not filing under Cha	pter 7. Go to line 18.			
	Do you estimate that after any exempt property is excluded and	■ Yes.		r 7. Do you estimate that after any exe e available to distribute to unsecured	empt property is excluded and administrative expenses creditors?		
	administrative expenses are paid that funds will		■ No				
	be available for distribution to unsecured creditors?		☐ Yes				
18.	How many Creditors do	1 -49		1 ,000-5,000	☐ 25,001-50,000		
	you estimate that you owe?	□ 50-99		5001-10,000	<u> </u>		
		□ 100-1 □ 200-9		□ 10,001-25,000	☐ More than100,000		
19.	How much do you estimate your assets to		50,000 01 - \$100,000	□ \$1,000,001 - \$10 millio □ \$10,000,001 - \$50 mill			
	be worth?	□ \$100,	001 - \$500,000 001 - \$1 million	□ \$50,000,001 - \$100 mil □ \$100,000,001 - \$500 m	* -,, *		
20.	How much do you estimate your liabilities		·	□ \$1,000,001 - \$10 millio □ \$10,000,001 - \$50 mill			
	to be?	□ \$100,	01 - \$100,000 001 - \$500,000 001 - \$1 million	□ \$50,000,001 - \$50 mil	llion		
Par	t 7: Sign Below						
For	you	I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.					
					if eligible, under Chapter 7, 11,12, or 13 of title 11, r, and I choose to proceed under Chapter 7.		
				did not pay or agree to pay someone ad the notice required by 11 U.S.C. § 3	who is not an attorney to help me fill out this 342(b).		
		I request	relief in accordance with t	the chapter of title 11, United States C	Code, specified in this petition.		
		bankrupt and 3571	cy case can result in fines		money or property by fraud in connection with a up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519,		
		Muneca	Aldarondo e of Debtor 1	Signature	of Debtor 2		
		Executed		Executed	on		
			MM / DD / YYYY		MM / DD / YYYY		

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C	ase 8.19-DK-03880-CPW DOC 1	Filed 04/26/19	Page 7 01 58
Debtor 1 Muneca Aldarono	ca Aldarondo		e number (if known)
For your attorney, if you are represented by one	I, the attorney for the debtor(s) named in this petitic under Chapter 7, 11, 12, or 13 of title 11, United St for which the person is eligible. I also certify that I	ates Code, and have e	
If you are not represented by an attorney, you do not need to file this page.	and, in a case in which § 707(b)(4)(D) applies, cert schedules filed with the petition is incorrect.	tify that I have no know	ledge after an inquiry that the information in the
	/s/ Alan Borden	Date	April 26, 2019
	Signature of Attorney for Debtor		MM / DD / YYYY
	Alan Borden 58250 Printed name		
	Debt Relief Legal Group, LLC Firm name		
	901 W. Hillsborough Ave.		
	Tampa, FL 33603		
	Number, Street, City, State & ZIP Code		
	Contact phone 813-231-2088	Email address	data@1800debtrelief.com

58250 FL Bar number & State

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FIII	n this information to identify you	r case:			
Debt	or 1 Muneca Aldaror First Name	Niddle Name	Last Name		
Debt		Middle News	L N		
	se if, filing) First Name	Middle Name	Last Name		
Unite	d States Bankruptcy Court for the:	MIDDLE DISTRICT OF	FLORIDA		
Case (if kno	number _{vn)}				ck if this is an ended filing
	cial Form 106Sum	and Liabilities an	nd Certain Statistical Information	1	12/15
Be as infori your	complete and accurate as poss nation. Fill out all of your schedu original forms, you must fill out a	ible. If two married people lles first; then complete th	are filing together, both are equally responsible e information on this form. If you are filing ame	for supply	
Part	1: Summarize Your Assets				
					assets of what you own
1.	Schedule A/B: Property (Official				0.00
	1a. Copy line 55, Total real estate,	from Schedule A/B		. \$	0.00
	1b. Copy line 62, Total personal pr	operty, from Schedule A/B		. \$	3,797.75
	1c. Copy line 63, Total of all prope	rty on Schedule A/B		\$	3,797.75
Part	2: Summarize Your Liabilities				
				Your	liabilities
				Amou	unt you owe
2.	Schedule D: Creditors Who Have (2a. Copy the total you listed in Col		(Official Form 106D) the bottom of the last page of Part 1 of <i>Schedule D.</i>	\$	0.00
3.	Schedule E/F: Creditors Who Have 3a. Copy the total claims from Par		Form 106E/F) s) from line 6e of <i>Schedule E/F</i>	\$	0.00
	3b. Copy the total claims from Par	t 2 (nonpriority unsecured cl	aims) from line 6j of Schedule E/F	. \$	45,250.00
			Your total liabilitie	es \$	45,250.00
Part	3: Summarize Your Income an	d Expenses			
4.	Schedule I: Your Income (Official F Copy your combined monthly inco	,	<i>I</i>	\$	2,405.52
5.	Schedule J: Your Expenses (Offici Copy your monthly expenses from			\$	2,410.00
Part	4: Answer These Questions for	or Administrative and Stati	stical Records		
6.	Are you filing for bankruptcy und ☐ No. You have nothing to repo	• • • • • •	neck this box and submit this form to the court with	your other s	chedules.
7.	■ Yes What kind of debt do you have?				
			debts are those "incurred by an individual primarily f g for statistical purposes. 28 U.S.C. § 159.	or a person	al, family, or
	Your debts are not primarily the court with your other sche		ve nothing to report on this part of the form. Check to	his box and	submit this form to

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

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Debtor 1 Muneca Aldarondo Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$ 3,007.45

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total cla	ıim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

Fill in this inform	nation to identify your case and this fil	ling:	
Debtor 1	Muneca Aldarondo	~	
	First Name Middle Name	e Last Name	
Debtor 2 (Spouse, if filing)	First Name Middle Name	e Last Name	
United States Bar	nkruptcy Court for the: MIDDLE DISTR	RICT OF FLORIDA	
Case number			☐ Check if this is an
			amended filing
Official Fo			
<u>Schedul</u>	e A/B: Property		12/15
think it fits best. Be	e as complete and accurate as possible. If the space is needed, attach a separate sheet t	sset only once. If an asset fits in more than one category, two married people are filing together, both are equally reto this form. On the top of any additional pages, write you	sponsible for supplying correct
Part 1: Describe I	Each Residence, Building, Land, or Other R	Real Estate You Own or Have an Interest In	
1. Do you own or h	ave any legal or equitable interest in any re	esidence, building, land, or similar property?	
■ No. Go to Part	2.		
☐ Yes. Where is	the property?		
Part 2: Describe	Your Vehicles		
someone else driv		n any vehicles, whether they are registered or not? on Schedule G: Executory Contracts and Unexpired Le notorcycles	
■ No			
☐ Yes			
		ecreational vehicles, other vehicles, and accessories ishing vessels, snowmobiles, motorcycle accessories	es
		of your entries from Part 2, including any entries fo ber here	
	Your Personal and Household Items		
·	ave any legal or equitable interest in a	any of the following items?	Current value of the portion you own? Do not deduct secured claims or exemptions.
	ods and furnishings for appliances, furniture, linens, china, kit ibe	tchenware	

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

☐ No

Official Form 106A/B Schedule A/B: Property page 1

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Debtor 1	Muneca Ald	arondo Case number (if known	
■ Yes.	Describe		
		3 TVs Stereo, DVD player	\$150.00
Example ■ No		figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coir ons, memorabilia, collectibles	n, or baseball card collections;
Example ■ No	ent for sports a les: Sports, photo musical instr	graphic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes	and kayaks; carpentry tools;
■ No		s, shotguns, ammunition, and related equipment	
□ No		othes, furs, leather coats, designer wear, shoes, accessories	
		misc clothes and shoes	\$75.00
□ No		welry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, watch and misc costume jewelry	gold, silver
Examp ■ No □ Yes. 14. Any ot ■ No	orm animals oles: Dogs, cats, Describe ther personal an	d household items you did not already list, including any health aids you did not list	
		of all of your entries from Part 3, including any entries for pages you have attached number here	\$705.00
	scribe Your Finan		
Do you ov	vn or have any l	egal or equitable interest in any of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.
16. Cash <i>Examp</i>	ples: Money you	have in your wallet, in your home, in a safe deposit box, and on hand when you file your peti	tion

■ No

Official Form 106A/B Schedule A/B: Property page 2

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Debtor 1 Muneca	Aldarondo	Case number (iii	known)
instituti	ng, savings, or other financial	accounts; certificates of deposit; shares in credit unions, brolounts with the same institution, list each.	kerage houses, and other similar
□ No ■ Yes		Institution name:	
	17.1. Checking	TD Bank	\$300.00
	17.2. Savings	TD Bank	\$2,750.00
	nds, or publicly traded stockinds, investment accounts with	ks h brokerage firms, money market accounts	
■ No □ Yes	Institution or is:	suer name:	
19. Non-publicly trade joint venture ■ No	ed stock and interests in ind	orporated and unincorporated businesses, including an	interest in an LLC, partnership, and
☐ Yes. Give specifi	c information about them Name of entity:		o:
Negotiable instrum Non-negotiable ins ■ No	<i>ent</i> s include personal checks	negotiable and non-negotiable instruments, cashiers' checks, promissory notes, and money orders. of transfer to someone by signing or delivering them.	
21. Retirement or pen <i>Examples:</i> Interest □ No		(k), 403(b), thrift savings accounts, or other pension or profit-	sharing plans
Yes. List each ac	count separately. Type of account:	Institution name:	
	401K	Prudential	\$42.75
	nused deposits you have madents with landlords, prepaid i	le so that you may continue service or use from a company ent, public utilities (electric, gas, water), telecommunications Institution name or individual:	companies, or others
23. Annuities (A contra	act for a periodic payment of	noney to you, either for life or for a number of years)	
■ No □ Yes	Issuer name and description	n.	
	cation IRA, in an account in (1), 529A(b), and 529(b)(1).	a qualified ABLE program, or under a qualified state tui	tion program.
☐ Yes	Institution name and descr	ption. Separately file the records of any interests.11 U.S.C. §	521(c):
25. Trusts, equitable o ■ No	or future interests in proper	ty (other than anything listed in line 1), and rights or pow	rers exercisable for your benefit
	c information about them		
		s, and other intellectual property occeds from royalties and licensing agreements	

Official Form 106A/B Schedule A/B: Property page 3

 $\hfill \square$ Yes. Give specific information about them...

De	ebtor 1	Muneca Ald	arondo		Case number (if known)	
27.	Examp ■ No	les: Building pe	and other general intangibles mits, exclusive licenses, coope formation about them		iquor licenses, professional licenses	
M	oney or p	property owed	to you?			Current value of the portion you own? Do not deduct secured claims or exemptions.
28.	■ No	unds owed to		whather you already filed the	e returns and the tax years	
	Li res. v	Sive specific in	ormation about them, including	whether you already filed the	e returns and the tax years	
29.	■ No		, , , , , , , , , , , , , , , , , , , ,	pport, child support, mainten	ance, divorce settlement, property set	tlement
30.	Examp ■ No	benefits; ur	jes, disability insurance payme paid loans you made to somed		ay, vacation pay, workers' compensa	tion, Social Security
24		Give specific in				
31.		ts in insurance les: Health, disa		savings account (HSA); credit	t, homeowner's, or renter's insurance	
	_	Name the insura	ance company of each policy ar Company name:	nd list its value.	Beneficiary:	Surrender or refund value:
32.	If you a	erest in proper are the beneficiane has died.	ty that is due you from some ry of a living trust, expect proce	one who has died eeds from a life insurance pol	icy, or are currently entitled to receive	property because
	■ No □ Yes.	Give specific in	formation			
33.	_Examp		arties, whether or not you ha employment disputes, insuranc		a demand for payment	
	■ No □ Yes.	Describe each	claim			
34.	Other o	ontingent and	unliquidated claims of every	nature, including counterc	laims of the debtor and rights to se	t off claims
	_	Describe each	claim			
35.	■ No	ancial assets y Give specific in	ou did not already list formation			
36			of all of your entries from Pa number here			\$3,092.75
Pa	rt 5: Des	scribe Any Busin	ess-Related Property You Own o	Have an Interest In. List any r	eal estate in Part 1.	
37.	Do you o	wn or have any l	egal or equitable interest in any l	ousiness-related property?		
	No. Go	to Part 6.				
	☐ Yes. G	o to line 38.				

Official Form 106A/B Schedule A/B: Property page 4

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Debto	or 1	Muneca Aldarondo		Case number (if known)	
Part 6		scribe Any Farm- and Commercial Fishing-Related Property You Ovou own or have an interest in farmland, list it in Part 1.	n or Have an Interes	st In.	
46. D	o you	ı own or have any legal or equitable interest in any farm- or	commercial fishin	ng-related property?	
	No.	Go to Part 7.			
	☐ Yes	. Go to line 47.			
Part 7	:	Describe All Property You Own or Have an Interest in That You Di	d Not List Above		
		have other property of any kind you did not already list? bles: Season tickets, country club membership			
	No.	, see Course and the course of			
	Yes.	Give specific information			
54. <i>i</i>	Add t	he dollar value of all of your entries from Part 7. Write that	number here		\$0.00
Part 8	:	List the Totals of Each Part of this Form			
55. I	Part 1	l: Total real estate, line 2			\$0.00
56. I	Part 2	2: Total vehicles, line 5	\$0.00		
57. I	Part 3	3: Total personal and household items, line 15	\$705.00		
58. I	Part 4	1: Total financial assets, line 36	\$3,092.75		
59. I	Part 5	5: Total business-related property, line 45	\$0.00		
60. I	Part 6	6: Total farm- and fishing-related property, line 52	\$0.00		
61. I	Part 7	7: Total other property not listed, line 54 +	\$0.00		
62. -	Total	personal property. Add lines 56 through 61	\$3,797.75	Copy personal property total	\$3,797.75
63.	Total	of all property on Schedule A/B. Add line 55 + line 62			\$3,797.75

Official Form 106A/B Schedule A/B: Property page 5

Debtor 1	Muneca Aldarond	0		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
Case number	ankruptcy Court for the:	MIDDLE DISTRICT OF	LONDA	
(if known)				☐ Check if this is an amended filing

Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Proper	y You Claim as Exempt
-----------------------------	-----------------------

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption	
	Copy the value from Schedule A/B	Check only one box for each exemption.		
Sofa, Chair, Ottoman, bar, barstool, bed, dresser, nightstand, chest of drawers, daybed, misc. pictures and books	\$400.00	\$400.00 100% of fair market value, up to any applicable statutory limit	Fla. Const. art. X, § 4(a)(2)	
3 TVs Stereo, DVD player	\$150.00	■ \$150.00	Fla. Const. art. X, § 4(a)(2)	
Line from Schedule A/B: 7.1		100% of fair market value, up to any applicable statutory limit		
misc clothes and shoes Line from Schedule A/B: 11.1	\$75.00	\$75.00 100% of fair market value, up to any applicable statutory limit	Fla. Const. art. X, § 4(a)(2)	
watch and misc costume jewelry Line from Schedule A/B: 12.1	\$80.00	■ \$80.00	Fla. Const. art. X, § 4(a)(2)	
		☐ 100% of fair market value, up to any applicable statutory limit		
Checking: TD Bank Line from Schedule A/B: 17.1	\$300.00	\$295.00	Fla. Const. art. X, § 4(a)(2)	
		☐ 100% of fair market value, up to any applicable statutory limit		

Debtor 1	Muneca Aldarondo			Case number (if known)	
	ef description of the property and line on nedule A/B that lists this property	Current value of the portion you own			Specific laws that allow exemption
		Copy the value from Check only one box for each exemption. Schedule A/B			
	ecking: TD Bank e from Schedule A/B: 17.1	\$300.00		\$5.00	Fla. Stat. Ann. § 222.25(4)
LIII	e nom <i>schedule A.D.</i> TTT			100% of fair market value, up to any applicable statutory limit	
	vings: TD Bank e from Schedule A/B: 17.2	\$2,750.00		\$2,750.00	Fla. Stat. Ann. § 222.25(4)
LIII	e nom <i>schedule Alb.</i> 11.2			100% of fair market value, up to any applicable statutory limit	
	1K: Prudential e from Schedule A/B: 21.1	\$42.75		\$42.75	Fla. Stat. Ann. § 222.21(2)
LIII	e nom <i>scriedule A.D.</i> 21.1			100% of fair market value, up to any applicable statutory limit	
	e you claiming a homestead exemption ubject to adjustment on 4/01/22 and every No Yes. Did you acquire the property cove No Yes	3 years after that for ca	ises fi	•	,

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Fill in this infor				
Debtor 1	Muneca Aldarono	do		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	MIDDLE DISTRICT OF	FLORIDA	
Case number				
(if known)				Check if this is an
				amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
 - No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below.

		0000 0.10 1	3K 00000	OI W BO	0 1 11100	0-1/20/	i age	10 01 00		
Fill in	this inform	ation to identify your o	case:							
Debtor	r 1	Muneca Aldarond	0							
		First Name	Middle N	ame	Last Name					
Debtor		First Name	Middle N	ama	Last Name					
(Spouse	ii, iiiiig)	First Name	ivildale in	ame	Last Name					
United	States Ban	kruptcy Court for the:	MIDDLE DIS	STRICT OF FLOI	RIDA					
Case r	number									
(if known	n)			_					Check if this is a	ın
								a	mended filing	
Offici	ial Form	106E/F								
		F: Creditors W	ho Have	Unsecured	d Claims				12/1	5
		accurate as possible. Use				Part 2 for cre	aditors with NO	ADDIODITY clai		
Schedul Schedul left. Atta	le G: Executo le D: Credito ach the Conti	acts or unexpired leases ory Contracts and Unexpirs Who Have Claims Sectinuation Page to this pag ber (if known).	ired Leases (Of ured by Proper	fficial Form 106G). ty. If more space i	. Do not include s needed, copy	any creditor the Part you	rs with partially need, fill it out,	secured claims number the en	that are listed in tries in the boxe	n es on the
Part 1:	List All	of Your PRIORITY Un	secured Clai	ms						
1. Do	any creditor	s have priority unsecured	d claims agains	st you?						
	No. Go to Pa	rt 2.								
	Yes.									
Part 2:	List All	of Your NONPRIORIT	Y Unsecured	Claims						
3. Do	any creditor	s have nonpriority unsec	ured claims ag	jainst you?						
	No. You have	e nothing to report in this pa	art. Submit this t	form to the court wit	th your other sch	edules.				
	Yes.									
uns tha	secured claim	nonpriority unsecured cla , list the creditor separately r holds a particular claim, li	for each claim.	For each claim list	ed, identify what	type of claim	it is. Do not list c	laims already inc	cluded in Part 1. If	f more
									Total claim	
4.1	Aaron's	Sales & Lease		Last 4 digits of ad	count number	1340				\$0.00
		Creditor's Name				0	. 7/00/40	-1 A -15		
	Attn: Bai			When was the de	ht incurred?	8/05/13	I 7/28/12 La	St Active		
		w, GA 30156		Wildin was tills as	or mountain.	0/00/10			_	
		eet City State Zip Code		As of the date yo	u file, the claim	is: Check all	that apply			
		red the debt? Check one.								
	■ Debtor 1	• •		☐ Contingent						
	Debtor 2	2 only		☐ Unliquidated						
	Debtor 1	and Debtor 2 only		☐ Disputed						
	☐ At least	one of the debtors and and	other	Type of NONPRIC	ORITY unsecure	d claim:				
		f this claim is for a comm	nunity	☐ Student loans						
	debt Is the claim	subject to offset?		Obligations aris		aration agree	ment or divorce t	hat you did not		
	■ No			Debts to pension		ig plans, and	other similar deb	ots		
	□ Yes			Other. Specify	•					
	00			— Other, Specify					_	

Debto	Muneca Aldarondo		Case number (if known)			
4.2	Aaron's Sales & Lease	Last 4 digits of account number	9239	\$0.00		
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 100039 Kennesaw, GA 30156	When was the debt incurred?	Opened 10/27/11 Last Active 12/15/12			
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply			
	Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	☐ Unliquidated ☐ Disputed				
	☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset? ■ No	Type of NONPRIORITY unsecured ☐ Student loans ☐ Obligations arising out of a separeport as priority claims ☐ Debts to pension or profit-sharing	aration agreement or divorce that you did not			
	☐ Yes	Other. Specify Lease	·			
4.3	Aaron's Sales & Lease Nonpriority Creditor's Name	Last 4 digits of account number	1002	\$0.00		
	Attn: Bankruptcy Po Box 100039 Kennesaw, GA 30156	When was the debt incurred?	Opened 5/01/09 Last Active 12/07/10			
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply			
	■ Debtor 1 only □ Debtor 2 only	☐ Contingent☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt	☐ Disputed Type of NONPRIORITY unsecured ☐ Student loans				
	Is the claim subject to offset?	 ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts 				
	■ No □ Yes	Other. Specify Lease	g plans, and otner similar deots			
4.4	Aaron's Sales & Lease Nonpriority Creditor's Name	Last 4 digits of account number	9500	\$0.00		
	Attn: Bankruptcy Po Box 100039 Kennesaw, GA 30156	When was the debt incurred?	Opened 11/07 Last Active 12/09			
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply			
	Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	☐ Unliquidated ☐ Disputed				
	☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset?	report as priority claims	aration agreement or divorce that you did not			
	■ No □ Yes	Debts to pension or profit-sharing	g plans, and other similar debts			
	∟ res	Other Specify Lease				

Debto	Muneca Aldarondo			
4.5	Aaron's Sales & Lease	Last 4 digits of account number	5931	\$0.00
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 100039 Kennesaw, GA 30156	When was the debt incurred?	Opened 8/20/14 Last Active 10/16/16	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	Contingent		
	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	☐ Unliquidated☐ Disputed		
	☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset? ■ No	Type of NONPRIORITY unsecured ☐ Student loans ☐ Obligations arising out of a separeport as priority claims ☐ Debts to pension or profit-sharing	aration agreement or divorce that you did not	
	☐ Yes	Other. Specify Lease		
4.6	Aaron's Sales & Lease Nonpriority Creditor's Name	Last 4 digits of account number	6567	\$0.00
	Attn: Bankruptcy Po Box 100039 Kennesaw, GA 30156	When was the debt incurred?	Opened 01/15 Last Active 03/17	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only □ Debtor 2 only	☐ Contingent☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt	☐ Disputed Type of NONPRIORITY unsecured ☐ Student loans	d claim: aration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	■ No □ Yes	☐ Debts to pension or profit-sharin ☐ Other. Specify	g plans, and otner similar debts	
4.7	Aaron's Sales & Lease Nonpriority Creditor's Name	Last 4 digits of account number	6567	\$0.00
	Attn: Bankruptcy Po Box 100039 Kennesaw, GA 30156	When was the debt incurred?	Opened 1/06/15 Last Active 3/12/17	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	Contingent		
	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	☐ Unliquidated ☐ Disputed	Like	
	☐ At least one of the debtors and another☐ Check if this claim is for a community debt Is the claim subject to offset?	report as priority claims	aration agreement or divorce that you did not	
	■ No □ Yes	Debts to pension or profit-sharing	ng plans, and other similar debts	
	∟ Yes	Other Specify Lease		

Debto	Muneca Aldarondo	Case number (if known)					
4.8	American Credit Acceptance	Last 4 digits of account number	1001	\$4,179.00			
	Nonpriority Creditor's Name Attn: Bankruptcy Dept 961 E Main St Spartanburg, SC 29302	When was the debt incurred?	Opened 02/14 Last Active 7/13/18				
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim					
	■ Debtor 1 only	☐ Contingent					
	☐ Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims					
	No	Debts to pension or profit-sharing	g plans, and other similar debts				
	Yes	Other. Specify Automobile	3				
4.9	Ameripath Florida	Last 4 digits of account number		\$212.00			
	Nonpriority Creditor's Name P.O. Box 740977 Cincinnati, OH 45274-0977	When was the debt incurred?	2019				
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply				
	Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:					
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims					
	No	☐ Debts to pension or profit-sharin	g plans, and other similar debts				
	Yes	Other. Specify medical					
4.1 0	Big Pictures Loans	Last 4 digits of account number	5023	\$1,753.00			
	Nonpriority Creditor's Name P. O. Box 704 Watersmeet, MI 49969	When was the debt incurred?					
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply				
	Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured					
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not				
	No	Debts to pension or profit-sharing	g plans, and other similar debts				
	☐ Yes	ount					

Debto	Muneca Aldarondo	Case number (if known)					
4.1	Capital One	Last 4 digits of account number	7962	\$545.00			
1	Nonpriority Creditor's Name	Last 4 digits of account number		ΨΟ-10.00			
	Attn: Bankruptcy		Opened 01/15 Last Active				
	Po Box 30285	When was the debt incurred?	07/17				
	Salt Lake City, UT 84130 Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply				
	Who incurred the debt? Check one.	,	or one on an anat apply				
	Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt	Obligations arising out of a sepa	ration agreement or divorce that you did not				
	Is the claim subject to offset?	report as priority claims	,				
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts				
	Yes	Other. Specify Credit Card	<u> </u>				
4.1	CCI/Contract Callers Inc	Last 4 digits of account number	2781	\$874.00			
2	Nonpriority Creditor's Name						
	Attn: Bankruptcy Dept		Opened 11/18 Last Active				
	501 Greene St Ste 302	When was the debt incurred?	09/17				
	Augusta, GA 30901 Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply				
	Who incurred the debt? Check one.	•	,				
	Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	□ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt		ration agreement or divorce that you did not				
	Is the claim subject to offset?	report as priority claims					
	No	Debts to pension or profit-sharing	g plans, and other similar debts				
	Yes	Other. Specify Collection	Attorney T-Mobile Usa Inc.				
4.1	Credit Protection Association	Last 4 digits of account number	2259	\$623.00			
	Nonpriority Creditor's Name	_					
	Attn: Bankruptcy	When was the debt incurred?	Opened 08/17				
	Po Box 302068 Dallas, TX 75380						
	Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply				
	Who incurred the debt? Check one.						
	Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt		ration agreement or divorce that you did not				
	Is the claim subject to offset?	report as priority claims					
	No	Debts to pension or profit-sharing					
	□Yes	Collection A Other. Specify Communic	Attorney Frontier				
	- 1€3	- Outer Opening Communic	auuns				

Debto	Muneca Aldarondo	Case number (if known)					
4.1 4	ERC/Enhanced Recovery Corp	Last 4 digits of account number	8158	\$2,468.00			
	Nonpriority Creditor's Name Attn: Bankruptcy 8014 Bayberry Road Jacksonville, FL 32256	When was the debt incurred?	Opened 01/17				
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply				
	■ Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not				
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts				
	Yes	■ Other. Specify Collection	Attorney At T Mobility				
4.1 5	FDOT	Last 4 digits of account number	3801	\$173.00			
	Nonpriority Creditor's Name P.O. Box 105477 Atlanta, GA 30348	When was the debt incurred?	2018				
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim					
	■ Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not				
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts				
	Yes	Other. Specify tolls					
4.1 6	Fingerhut	Last 4 digits of account number	8407	\$0.00			
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 1250	When was the debt incurred?	Opened 11/15 Last Active 03/17				
	Saint Cloud, MN 56395 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply				
	Debtor 1 only	☐ Contingent					
	☐ Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	\square At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:				
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a separeport as priority claims					
	Is the claim subject to offset?						
	■ No	☐ Debts to pension or profit-sharin					
	Yes	■ Other. Specify Charge Acc	count				

Debto	Muneca Aldarondo	Case number (if known)					
4.1	First Premier Bank	Last 4 digits of account number	8981	\$546.00			
·	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 5524	When was the debt incurred?	Opened 12/15 Last Active 04/16				
	Sioux Falls, SD 57117 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply				
	■ Debtor 1 only	☐ Contingent					
	☐ Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	\square At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not				
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts				
	Yes	Other. Specify Credit Card	<u> </u>				
4.1 8	Florida Medical Clinic	Last 4 digits of account number		\$524.00			
	Nonpriority Creditor's Name 7229 Highway 301 Riverview, FL 33578	When was the debt incurred?	2019				
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply				
	■ Debtor 1 only	☐ Contingent					
	☐ Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	\square At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not				
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts				
	Yes	Other. Specify medical					
4.1 9	Ginnys/Swiss Colony Inc Nonpriority Creditor's Name	Last 4 digits of account number	7630	\$352.00			
	Attn: Credit Department Po Box 2825 Monroe, WI 53566	When was the debt incurred?	Opened 12/16 Last Active 04/17				
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply				
	■ Debtor 1 only	☐ Contingent					
	☐ Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured					
	Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a sepa					
	Is the claim subject to offset?	report as priority claims					
	No	☐ Debts to pension or profit-sharin					
	☐ Yes	■ Other. Specify Charge Acc	count				

Muneca Aldarondo		Case number (if known)	
Habana Surgical Center	Last 4 digits of account number		\$700.00
Nonpriority Creditor's Name 4725 N. Habana Ave Ste. 100	When was the debt incurred?	2019	
Tampa, FL 33614 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
■ Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a sepreport as priority claims	aration agreement or divorce that you did not	
■ No	☐ Debts to pension or profit-shari	ng plans, and other similar debts	
Yes	Other. Specify Medical		
Inter Americ	Last 4 digits of account number	R15A	\$0.00
Nonpriority Creditor's Name Pob 363255 San Juan, PR 00936	When was the debt incurred?	Opened 12/31/87 Last Active 5/09/12	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-shari	ng plans, and other similar debts	
Yes	Other. Specify		
	Education	al	
Jefferson Capital Systems, LLC Nonpriority Creditor's Name	Last 4 digits of account number	5003	\$545.00
Po Box 1999 Saint Cloud, MN 56302	When was the debt incurred?	Opened 09/17 Last Active 02/17	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-shari	ng plans, and other similar debts	
	Factoring	Company Account Fingerhut	
Yes	Other. Specify Direct Mrk		

Muneca Aldarondo	Case number (if known)				
Jose R. Mole	Last 4 digits of account number	7786	\$300.00		
Nonpriority Creditor's Name	_		ψ300.00		
2931 W. Hillsborough Ave Tampa, FL 33614	When was the debt incurred?	2018			
Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply			
Who incurred the debt? Check one.					
■ Debtor 1 only	☐ Contingent				
☐ Debtor 2 only	☐ Unliquidated				
☐ Debtor 1 and Debtor 2 only	☐ Disputed				
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
☐ Check if this claim is for a community	☐ Student loans				
debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not			
No	Debts to pension or profit-sharin	a plans, and other similar debts			
☐ Yes	Other. Specify medical	g plans, and other similar debts			
	. ,				
Live Health Online	Last 4 digits of account number		\$49.00		
Nonpriority Creditor's Name 120 Monument Circle Indianapolis, IN 46204	When was the debt incurred?				
Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply			
Who incurred the debt? Check one.					
Debtor 1 only	☐ Contingent				
☐ Debtor 2 only	☐ Unliquidated				
☐ Debtor 1 and Debtor 2 only	☐ Disputed				
\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
Check if this claim is for a community	☐ Student loans				
debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not			
■ No	Debts to pension or profit-sharin	g plans, and other similar debts			
☐ Yes	Other. Specify 2018	g prano, and other enmar depte			
163	Other. Specify 2010				
Medical Tox	Last 4 digits of account number		\$2,550.00		
Nonpriority Creditor's Name	_				
3450 E. Fletcher Ave.	When was the debt incurred?	2/2019			
Tampa, FL 33613 Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply			
Who incurred the debt? Check one.	,				
Debtor 1 only	☐ Contingent				
☐ Debtor 2 only	☐ Unliquidated				
☐ Debtor 1 and Debtor 2 only	☐ Disputed				
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
☐ Check if this claim is for a community	☐ Student loans				
debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not			
■ No	Debts to pension or profit-sharin	g plans, and other similar debts			
Yes	Other. Specify Medical Ser	rvices			

Debte	Muneca Aldarondo	Case number (if known)					
4.2	Midnight Velvet	Last 4 digits of account number	7290	\$298.00			
6	Nonpriority Creditor's Name Attn: Bankruptcy 1112 7th Avenue	When was the debt incurred?	Opened 12/16 Last Active 04/17	Ψ230.00			
	Monroe, WI 53566						
	Number Street City State Zip Code	As of the date you file, the claim	s: Check all that apply				
	Who incurred the debt? Check one.						
	Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	Debtor 1 and Debtor 2 only	☐ Disputed					
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not				
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts				
	Yes	Other. Specify Charge Acc	count				
4.2 7	NPRTO Florida, LLC	Last 4 digits of account number		\$1,300.00			
	Nonpriority Creditor's Name 256 W. Data Drive Draper, UT 84020	When was the debt incurred?	2019				
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply				
	■ Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not				
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts				
	Yes	Other. Specify					
4.2 8	Quest Diagnostics	Last 4 digits of account number	0970	\$100.00			
	Nonpriority Creditor's Name P.O. Box 7306 Hollister, MO 65673	When was the debt incurred?	2018				
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply				
	Debtor 1 only	☐ Contingent					
	☐ Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	At least one of the debtors and another Type of NONPRIORITY unsecured claim:					
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a sepa	ration agreement or divorce that you did not				
	Is the claim subject to offset?	report as priority claims	3				
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts				
	Yes	Other. Specify medical					

Debto	Muneca Aldarondo	Case number (if known)					
4.2	St. Joseph's Hospital		\$24.271.00				
9	Nonpriority Creditor's Name	Last 4 digits of account number	\$24,371.00				
	P. O. Box 20888 Tampa, FL 33622	When was the debt incurred? 2019					
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply					
	Who incurred the debt? Check one.						
	■ Debtor 1 only	☐ Contingent					
	☐ Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:					
	Check if this claim is for a community	Student loans					
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims					
	No	☐ Debts to pension or profit-sharing plans, and other similar debts					
	□ Yes	■ Other. Specify Medical					
	_ 103	Other: Specify					
4.3	The Vein and Vascular Inst.		\$160.00				
0	Nonpriority Creditor's Name	Last 4 digits of account number	Ψ100.00				
	2809 W Waters Ave Tampa, FL 33614	When was the debt incurred? 2019					
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply					
	Who incurred the debt? Check one.						
	■ Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:					
	☐ Check if this claim is for a community	☐ Student loans					
	debt	Obligations arising out of a separation agreement or divorce that you did not					
	Is the claim subject to offset?	report as priority claims					
	■ No	Debts to pension or profit-sharing plans, and other similar debts					
	☐ Yes	■ Other. Specify medical					
4.3							
1	Tower Imaging Inc	Last 4 digits of account number	\$400.00				
	Nonpriority Creditor's Name 2700 University Square Dr Tampa, FL 33612-5513	When was the debt incurred?					
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply					
	Who incurred the debt? Check one.	• , , , , , , , , , , , , , , , , , , ,					
	Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	□ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:					
	☐ Check if this claim is for a community	☐ Student loans					
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not					
	Is the claim subject to offset?	report as priority claims					
	■ No	Debts to pension or profit-sharing plans, and other similar debts					
	Yes	■ Other. Specify Medical Services					

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Debtor 1	Muneca A	Aldarondo		Case nu	umber (if known)				
4.3	Trident Ass	set Management	Last 4 digits of account number	0326			\$1,118.00		
	Nonpriority Cred	ditor's Name r uptcy	When was the debt incurred?	Oper	ned 02/15		· , · · · ·		
=			As of the date you file, the claim	is: Check	call that apply				
	■ Debtor 1 onl		☐ Contingent						
	Debtor 2 onl	•	☐ Unliquidated						
	Debtor 1 and	•	☐ Disputed						
		of the debtors and another	Type of NONPRIORITY unsecure	d claim:					
		s claim is for a community	☐ Student loans						
	debt	s ciain is for a community	☐ Obligations arising out of a sepa	eration an	reement or divorce th:	at you did not			
	Is the claim su	bject to offset?	report as priority claims			at you ald liot			
	■ No		Debts to pension or profit-sharing	g plans,	and other similar debts	S			
	☐ Yes		Other. Specify Collection	Attorne	ey Verizon				
4.3	True Accord	d	Last 4 digits of account number				\$1,110.00		
	Nonpriority Cred					_			
	303 2nd Str Sutie 750 S		When was the debt incurred?						
		sco, CA 94107							
	Number Street	City State Zip Code	As of the date you file, the claim is: Check all that apply						
,	Who incurred t	the debt? Check one.							
	Debtor 1 onl	ly	☐ Contingent						
	Debtor 2 onl	ly	☐ Unliquidated						
	Debtor 1 and	d Debtor 2 only	☐ Disputed						
	☐ At least one	of the debtors and another	Type of NONPRIORITY unsecured claim:						
	☐ Check if thi	s claim is for a community	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not						
	debt								
	_	bject to offset?	report as priority claims						
	■ No		Debts to pension or profit-sharing	•					
	☐ Yes		■ Other. Specify collections for Golden Valley Lending						
Part 3:	List Others	s to Be Notified About a Debt	That You Already Listed						
is tryin have m	g to collect fro nore than one c	m you for a debt you owe to som	out your bankruptcy, for a debt that y eone else, list the original creditor in you listed in Parts 1 or 2, list the addi submit this page.	Parts 1	or 2, then list the col	llection agency h	nere. Similarly, if you		
	d Address		n which entry in Part 1 or Part 2 did you	list the o	riginal creditor?				
				_	Creditors with Priority I				
	Devon Ave aines, IL 600	•	•	Part 2:	Creditors with Nonprio	rity Unsecured Cl	aims		
D00 1 10	umoo, 12 oo		ast 4 digits of account number						
Part 4:	Add the Ar	mounts for Each Type of Uns	ecured Claim						
	he amounts of unsecured cla		s. This information is for statistical r	eporting	purposes only. 28 U	.S.C. §159. Add 1	the amounts for each		
				_	Total Cla				
т.	6a.	Domestic support obligations		6a.	\$	0.00			
cla	otal ims								
from Pa		Taxes and certain other debts	-	6b.	\$	0.00			
	6c. 6d	•	jury while you were intoxicated cured claims. Write that amount here.	6c. 6d.	\$ 	0.00			
	ou.	un outor priority dilact	J. J. J. J. T.	Ju.	Ψ	0.00			

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Debtor 1 Muneca Aldarondo Case number (if known) Total Priority. Add lines 6a through 6d. 6e. 6e. 0.00 \$ **Total Claim** 6f. Student loans 6f. 0.00 Total claims from Part 2 6g. Obligations arising out of a separation agreement or divorce that 0.00 you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts 6g. 6h. 0.00 6i. Other. Add all other nonpriority unsecured claims. Write that amount 6i. 45,250.00 Total Nonpriority. Add lines 6f through 6i. 6j. 45,250.00

Fill in this infor	Fill in this information to identify your case:					
Debtor 1	Muneca Aldarono	do				
	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse if, filing)	First Name	Middle Name	Last Name			
United States B	ankruptcy Court for the:	MIDDLE DISTRICT OF	FLORIDA			
Case number						
(if known)						

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	Name, Number	whom you have the street, City, State and ZIF	e contract or lease Code	State what the contract or lease is for
2.1					
	Name				
	Number	Street			_
	City		State	ZIP Code	<u> </u>
2.2					
	Name				
	Number	Street			<u> </u>
	City		State	ZIP Code	_
2.3					
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.4	•				
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.5					
	Name				
	Number	Street			
	City		State	ZIP Code	_

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Fill in this	information to identify you	ur case:			
Debtor 1	Muneca Aldaro	ndo			
Dalatano	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing	ng) First Name	Middle Name	Last Name		
United Sta	tes Bankruptcy Court for the	: MIDDLE DISTRICT OF	FLORIDA		
Case num (if known)	ber				☐ Check if this is an amended filing
	l Form 106H Iule H: Your Co	debtors			12/15
people are fill it out, a your name	filing together, both are ed nd number the entries in the and case number (if know	qually responsible for supple boxes on the left. Attact on). Answer every question	olying correct informat In the Additional Page to	ion. If more space is ne o this page. On the top	e as possible. If two married eded, copy the Additional Page, of any Additional Pages, write
1. Do	you have any codebtors?	(If you are filing a joint case,	do not list either spouse	as a codebtor.	
■ No □ Yes	3				
Arizon No.	hin the last 8 years, have y ia, California, Idaho, Louisiar Go to line 3. S. Did your spouse, former spouse,	na, Nevada, New Mexico, Pu	erto Rico, Texas, Washi		states and territories include
in line Form	e 2 again as a codebtor onl	y if that person is a guaran	tor or cosigner. Make	sure you have listed the	with you. List the person shown e creditor on Schedule D (Official chedule E/F, or Schedule G to fill
	Column 1: Your codebtor Name, Number, Street, City, State and	d ZIP Code		Column 2: The cred Check all schedules	litor to whom you owe the debt that apply:
3.1	Name			_ ☐ Schedule D, line☐ Schedule E/F, lin☐ Schedule G, line☐	
	Number Street City	State	ZIP Code	_	
3.2	Name			☐ Schedule D, line☐ Schedule E/F, lin☐ Schedule G, line☐	e
	Number Street City	State	ZIP Code	_	

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Fill	in this information to identify your c	ase:				ļ				
Del	otor 1 Muneca Ald	arondo								
	otor 2 use, if filing)				_					
Uni	ted States Bankruptcy Court for the	E: MIDDLE DISTRICT O	F FLORIDA							
	se number 		-				ck if this is An amende A suppleme 13 income	ed filing ent showin	• • •	petition chapter g date:
0	fficial Form 106I					ī	MM / DD/ Y	YYY		
S	chedule I: Your Inc	ome								12/15
sup spo atta	as complete and accurate as possiblying correct information. If you use. If you are separated and you ch a separate sheet to this form. Describe Employment	are married and not filing wi	ng jointly, and your spe ith you, do not include	ouse i	is liv mati	ring with on aboເ	n you, incl It your spo	ude inforn ouse. If mo	nation ore spa	about your ace is needed,
1.	Fill in your employment information.		Debtor 1				Debtor 2	2 or non-fi	iling sp	oouse
	If you have more than one job, attach a separate page with information about additional	Employment status	■ Employed□ Not employed				☐ Empl	oyed mployed		
	employers.	Occupation	Claim examiner							
	Include part-time, seasonal, or self-employed work.	Employer's name	First Source, Inc							
	Occupation may include student or homemaker, if it applies.	Employer's address	8162 Woodland Co Tampa, FL 33614	enter	Blv	⁄d				
		How long employed the	here? 2. 5 years	i			_			
Par	t 2: Give Details About Mor	nthly Income								
	mate monthly income as of the duse unless you are separated.	ate you file this form. If y	you have nothing to repo	ort for	any	line, writ	e \$0 in the	space. Inc	clude yo	our non-filing
	u or your non-filing spouse have mo e space, attach a separate sheet to		ombine the information fo	or all e	empl	oyers fo	that perso	on on the li	nes bel	low. If you need
						For De	btor 1	For Del non-fili		
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$		3,007.45	\$		N/A
3.	Estimate and list monthly overt	ime pay.		3.	+\$		0.00	+\$		N/A

Official Form 106I Schedule I: Your Income page 1

Calculate gross Income. Add line 2 + line 3.

\$ 3,007.45

N/A

Deb	tor 1	Muneca Aldarondo	-	C	ase	number (if known)				
						Debtor 1	For Debtor 2 or non-filing spouse			
	Cop	by line 4 here	4.		\$	3,007.45	\$		N/A	<u>\</u>
5.	List	all payroll deductions:								
	5a.	Tax, Medicare, and Social Security deductions	5a	ì.	\$	427.15	\$		N/A	
	5b.	Mandatory contributions for retirement plans	5b).	\$	0.00	\$		N/A	_
	5c.	Voluntary contributions for retirement plans	5c	: .	\$	0.00	\$		N/A	<u> </u>
	5d.	Required repayments of retirement fund loans	5d	i.	\$	0.00	\$		N/A	<u> </u>
	5e.	Insurance	5e		\$	174.78	\$		N/A	1
	5f.	Domestic support obligations	5f.		\$_	0.00	\$		N/A	_
	5g.	Union dues	5g		\$_	0.00	\$		N/A	_
	5h.	Other deductions. Specify:	_ 5h	1.+	\$	0.00	+ \$		N/A	<u>\</u>
6.		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$_	601.93	\$		N/A	_
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$	2,405.52	\$		N/A	<u>\</u>
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a	۱.	\$	0.00	\$		N/A	
	8b.	Interest and dividends	8b).	\$_	0.00	\$		N/A	_
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c	: .	\$	0.00	\$		N/A	.
	8d.	Unemployment compensation	8d	i.	\$_	0.00	\$		N/A	_
	8e.	Social Security	8e	€.	\$	0.00	\$		N/A	\
	8f. 8g.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income	8f. 8g		\$_ \$	0.00	\$		N/A N/A	_
	8h.	Other monthly income. Specify:	_		\$ —	0.00			N/A	_
	0					0.00			- 14/	<u>-</u>
9.	Add	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$		0.00	\$		N/	Α
10.	Cal	culate monthly income. Add line 7 + line 9.	10.	\$		2,405.52 + \$		N/A	= \$	2,405.52
		I the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		Ψ_		2,400.02 · ·		14/7		2,400.02
11.	Star Incl othe Do	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not accify:	depe			•			∍ J. +\$	0.00
12.		If the amount in the last column of line 10 to the amount in line 11. The reside that amount on the Summary of Schedules and Statistical Summary of Certainlies						12.	\$	2,405.52
13.	Do	you expect an increase or decrease within the year after you file this form	?					'	Combi month	ined ly income
		No.								1

Official Form 106l Schedule I: Your Income page 2

Fill in	n this informa	tion to identify yo	our case:			I					
Debte		Muneca Alda				Che	eck if this is:				
		Mulieca Aluai Oliuo					An amended filing				
Debtor 2 (Spouse, if filing)							A supplement shown 13 expenses as of	wing postpetition chapter the following date:			
United States Bankruptcy Court for the: MIDDLE DISTRICT OF FLORIDA						MM / DD / YYYY					
	e number										
Of	ficial Fo	rm 106J									
Sc	hedule	J: Your	Exper	ises				12/1			
info	rmation. If m	and accurate as ore space is ne n). Answer eve	eded, atta	. If two married people ar ich another sheet to this n.	e filing together, b form. On the top of	oth are equ f any addit	ually responsible fo ional pages, write y	or supplying correct your name and case			
Part		ibe Your House	ehold								
1.	Is this a joir										
	■ No. Go to		in a separ	ate household?							
	_ N										
	□ Y	es. Debtor 2 mus	st file Offici	al Form 106J-2, <i>Expenses</i>	for Separate House	ehold of Del	btor 2.				
2.	Do you have dependents? ■ No										
	Do not list D Debtor 2.	ebtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto		Dependent's age	Does dependent live with you?			
	Do not state							□ No			
	dependents	names.						□ Yes □ No			
								☐ Yes			
								□ No			
								Yes			
								□ No			
3.	Do vour ext	enses include		No				☐ Yes			
	expenses o	f people other t d your depende	han _—	Yes							
Part		ate Your Ongoi									
expe				uptcy filing date unless y y is filed. If this is a supp							
the v		h assistance an		government assistance in cluded it on <i>Schedule I:</i> Y			Your exp	enses			
(·,									
4.		or home owners and any rent for th		ses for your residence. In or lot.	nclude first mortgag	e 4.	\$	975.00			
	If not includ	led in line 4:									
		estate taxes				4a.	\$	0.00			
		rty, homeowner's				4b.	·	0.00			
				upkeep expenses		4c.	·	20.00			
5.		owner's associat		oominium dues our residence. such as ho	me equity loans	4d. 5.	·	0.00			

Debtor 1	Muneca Aldarondo	Case num	ber (if known)	
6. Utilit	ies.			
6. G tiint	Electricity, heat, natural gas	6a.	\$	200.00
6b.	Water, sewer, garbage collection	6b.	\$	75.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.	·	200.00
6d.	Other. Specify:	6d.	·	0.00
	I and housekeeping supplies	7.		350.00
	dcare and children's education costs	8.	\$	
		o. 9.	\$ 	0.00
	ning, laundry, and dry cleaning		· ·	80.00
	onal care products and services	10.	·	35.00
	cal and dental expenses sportation. Include gas, maintenance, bus or train fare.	11.	\$	200.00
	ot include car payments.	12.	\$	160.00
	rtainment, clubs, recreation, newspapers, magazines, and books	13.	\$	0.00
	itable contributions and religious donations	14.	\$	0.00
5. Insu	-		·	
	ot include insurance deducted from your pay or included in lines 4 or 20.			
	Life insurance	15a.	\$	0.00
15b.	Health insurance	15b.	\$	0.00
15c.	Vehicle insurance	15c.	\$	0.00
15d.	Other insurance. Specify:	15d.	\$	0.00
	s. Do not include taxes deducted from your pay or included in lines 4 or 20.			
Spec	ify:	16.	\$	0.00
	Illment or lease payments: Car payments for Vehicle 1	17a.	¢	0.00
			*	0.00
	Car payments for Vehicle 2	17b.	·	0.00
	Other. Specify: Aarons	17c.	·	115.00
	Other. Specify:	17d.	\$	0.00
	payments of alimony, maintenance, and support that you did not report as acted from your pay on line 5, Schedule I, Your Income (Official Form 106I).		\$	0.00
	r payments you make to support others who do not live with you.		\$	0.00
Spec		19.		0.00
	r real property expenses not included in lines 4 or 5 of this form or on Scho		our Income.	
20a.	Mortgages on other property	20a.		0.00
	Real estate taxes	20b.		0.00
	Property, homeowner's, or renter's insurance	20c.	•	0.00
	Maintenance, repair, and upkeep expenses	20d.		0.00
	Homeowner's association or condominium dues	20e.		0.00
		206.	·	
	r: Specify:		+\$	0.00
	ulate your monthly expenses			
	Add lines 4 through 21.		\$	2,410.00
22b.	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
22c.	Add line 22a and 22b. The result is your monthly expenses.		\$	2,410.00
3. Calc	ulate your monthly net income.		L	
	Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	2,405.52
	Copy your monthly expenses from line 22c above.	23b.	·	2,410.00
_00.		200.	Ť	2,710.00
23c.	Subtract your monthly expenses from your monthly income.			4.40
	The result is your monthly net income.	23c.	\$	-4.48
For e	ou expect an increase or decrease in your expenses within the year after you know and the year after you know and the year or do you expect you ication to the terms of your mortgage?			or decrease because of
■ N	0.			

Fill in this infor	mation to identify your	case:				
Debtor 1	Muneca Aldarond	0				
	First Name	Middle Name	Last Name			
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name			
United States Ba	ankruptcy Court for the:	MIDDLE DISTRICT OF	FLORIDA			
Case number (if known)					☐ Check if this is an amended filing	
Official Fori		n Individual	Debtor's Sc	hedules	12/1:	5
If two married p	eople are filing together	, both are equally respo	nsible for supplying corr	ect information.		
obtaining mone years, or both. 1		connection with a bank			ement, concealing property, or 00, or imprisonment for up to 20	
Did you pa	ay or agree to pay some	one who is NOT an attor	ney to help you fill out ba	ankruptcy forms?		
■ No						
☐ Yes.	Name of person				kruptcy Petition Preparer's Notice, , and Signature (Official Form 119))
	alty of perjury, I declare re true and correct.	that I have read the sum	mary and schedules filed	I with this declaration	on and	
X /s/ Mu	neca Aldarondo		X			
Muneo	ca Aldarondo ure of Debtor 1		Signature of I	Debtor 2		
Date	April 26, 2019		Date			

Fill in this info	rmation to identify yo	ur casa.							
Debtor 1	Muneca Aldaro								
Deptor	First Name	Middle Name	Last Name						
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name						
United States E	Sankruptcy Court for the	: MIDDLE DISTRICT OF FL	LORIDA						
Case number (if known)					Check if this is an mended filing				
	t of Financial	Affairs for Individ			4/1				
information. If		sible. If two married people a I, attach a separate sheet to t estion.							
Part 1: Give	Details About Your N	larital Status and Where You	Lived Before						
1. What is yo	ur current marital sta	tus?							
☐ Marrie	ed								
■ Not m	arried								
2. During the	last 3 years, have yo	u lived anywhere other than v	vhere you live now?						
□ No									
	ist all of the places you	lived in the last 3 years. Do no	t include where you live nov	ı.					
Debtor 1	Prior Address:	Dates Debtor 1	Debtor 2 Prior Ac	ldress:	Dates Debtor 2				
		lived there			lived there				
17886 Ja Lutz, FL	mestown Way 33558	From-To:	☐ Same as Debtor	1	☐ Same as Debtor 1 From-To:				
states and territon No Ves. M	ories include Arizona, C Make sure you fill out So	ever live with a spouse or legalifornia, Idaho, Louisiana, Nev	ada, New Mexico, Puerto R						
Part 2 Expl	ain the Sources of Yo	ur Income							
Fill in the to	otal amount of income y	employment or from operating ou received from all jobs and a u have income that you receive	Il businesses, including part	-time activities.	ndar years?				
□ No									
Yes. F	ill in the details.								
		Debtor 1		Debtor 2					
		Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)				
For last calend (January 1 to I	dar year: December 31, 2018)	■ Wages, commissions, bonuses, tips	\$27,804.00	☐ Wages, commissions, bonuses, tips					
		☐ Operating a business		☐ Operating a business					

Statement of Financial Affairs for Individuals Filing for Bankruptcy

De	btor 1 M	uneca Ald	arondo		Cas	e number (if known)		
				Debtor 1		Debtor 2		
				Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of inc Check all that a		Gross income (before deductions and exclusions)
		ndar year be December		■ Wages, commissions, bonuses, tips	\$13,000.00	☐ Wages, com bonuses, tips	missions,	
				☐ Operating a business		☐ Operating a	business	
5.	Include in and other winnings.	come regard public bene If you are fil	dless of wheth fit payments; ing a joint ca	he during this year or the two her that income is taxable. Ex pensions; rental income; inte se and you have income that ome from each source separa	amples of other income are a rest; dividends; money collec you received together, list it o	alimony; child supp cted from lawsuits; only once under De	royalties; and ebtor 1.	
	_	Fill in the de	etails.					
				Debtor 1 Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Debtor 2 Sources of inc Describe below.		Gross income (before deductions and exclusions)
Pa	rt 3: Lis	t Certain Pa	vments You	ı Made Before You Filed for	Bankruptcv			
6.	Are eithe ☐ No.	Neither Deindividual	ebtor 1 nor I primarily for a 90 days before Go to line 7 List below paid that co	each creditor to whom you pa reditor. Do not include payme	umer debts. Consumer debt old purpose." id you pay any creditor a tota id a total of \$6,825* or more onts for domestic support oblig	al of \$6,825* or mor	re? ments and the	e total amount you
		* Subject		e payments to an attorney for t nt on 4/01/22 and every 3 year		or after the date o	f adjustment.	
	Yes.			or both have primarily const ore you filed for bankruptcy, d		al of \$600 or more?		
		■ No.	Go to line	7.				
		□ Yes	include pay	each creditor to whom you pa yments for domestic support c r this bankruptcy case.				
	Creditor	's Name an	d Address	Dates of payme	ent Total amount paid	Amount you still owe	Was this pa	nyment for
7.	Insiders in of which y a busines alimony.	nclude your i you are an o ss you opera	elatives; any ficer, directo	r bankruptcy, did you make general partners; relatives of r, person in control, or owner o proprietor. 11 U.S.C. § 101. Ind	a payment on a debt you o any general partners; partne of 20% or more of their voting	wed anyone who erships of which you g securities; and ar	u are a genera ny managing a	al partner; corporation gent, including one fo
		Name and		Dates of payme	ent Total amount	Amount you	Reason for	this payment
					paid	still owe		

De	btor 1 Muneca Aldarondo		Cas	se number (if known)						
8.	Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider.									
	■ No □ Yes. List all payments to an insider									
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe		this payment ditor's name				
Pa	rt 4: Identify Legal Actions, Repossession	ns, and Foreclosures								
9.	Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes.									
	■ No □ Yes. Fill in the details.									
	Case title Case number	Nature of the case	Court or agency		Status of the	ne case				
10.	Within 1 year before you filed for bankrupt Check all that apply and fill in the details below No. Go to line 11. Yes. Fill in the information below.		erty repossessed, 1	foreclosed, garnis	hed, attache	d, seized, or levied?				
	Creditor Name and Address	Describe the Property	Date		Value of the					
		Explain what happened	i			property				
	American Credit Acceptance Attn: Bankruptcy Dept 961 E Main St Spartanburg, SC 29302	2007 Eclipse ■ Property was repossessed. □ Property was foreclosed. □ Property was garnished. □ Property was attached, seized or levied.			2018	Unknown				
11.	Within 90 days before you filed for bankrup accounts or refuse to make a payment bed No ☐ Yes. Fill in the details.		luding a bank or fil	nancial institution	, set off any	amounts from your				
	Creditor Name and Address	Describe the action the	creditor took	Date taken	action was	Amount				
12.	Within 1 year before you filed for bankrupt court-appointed receiver, a custodian, or a ■ No □ Yes		erty in the possess	ion of an assigne	e for the ben	efit of creditors, a				
Pa	rt 5: List Certain Gifts and Contributions									
13.	Within 2 years before you filed for bankrup ■ No □ Yes. Fill in the details for each gift.	otcy, did you give any gift	s with a total value	of more than \$60	0 per person	?				
	Gifts with a total value of more than \$600 per person	Describe the gifts		Dates the g	s you gave ifts	Value				
	Person to Whom You Gave the Gift and Address:									

Case number (if known)

14.	Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? No Yes. Fill in the details for each gift or contribution.									
	Gifts or contributions to charities that tot more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)		Dates you contributed	Value						
Pa	rt 6: List Certain Losses									
15.		cy or since you filed for bankruptcy, did you lose any	thing because of the	eft, fire, other disaster						
	■ No □ Yes. Fill in the details.									
	how the loss occurred	escribe any insurance coverage for the loss clude the amount that insurance has paid. List pending	Date of your loss	Value of property lost						
	rt 7: List Certain Payments or Transfers	surance claims on line 33 of Schedule A/B: Property.								
16.	consulted about seeking bankruptcy or pro	cy, did you or anyone else acting on your behalf pay or eparing a bankruptcy petition? parers, or credit counseling agencies for services required		erty to anyone you						
	Yes. Fill in the details.									
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment						
	Debt Relief Legal Group, LLC 901 W. Hillsborough Ave. Tampa, FL 33603 data@1800debtrelief.com	Attorney Fees		\$1,200.00						
	Debt Relief Legal Group, LLC 901 W. Hillsborough Ave. Tampa, FL 33603 data@1800debtrelief.com	Filing Fees		\$335.00						
	Allen Credit Counseling 20003 387th Avenue Wolsey, SD 57384	Credit counseling		\$20.00						
17.		cy, did you or anyone else acting on your behalf pay or or to make payments to your creditors? ou listed on line 16.	or transfer any prope	erty to anyone who						
	Yes. Fill in the details.									
	Person Who Was Paid Address	Description and value of any property transferred	Date payment or transfer was made	Amount of payment						

Debtor 1 Muneca Aldarondo

Debtor 1 Muneca Aldarondo

Case number (if known)

18.	Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. No Yes. Fill in the details.								
	Person Who Received Transfer Address Person's relationship to you	Description and v property transfer		payme	ibe any property or ents received or debts n exchange	Date transfer was made			
19.	Within 10 years before you filed for bankrupt beneficiary? (These are often called asset-production No ☐ Yes. Fill in the details.		y property to a	self-settle	d trust or similar device	of which you are a			
	Name of trust	Description and v	alue of the prop	perty trans	ferred	Date Transfer was made			
Pai	rt 8: List of Certain Financial Accounts, Ins	truments, Safe Deposit	t Boxes, and Sto	orage Unit	s				
20.	Within 1 year before you filed for bankruptcy sold, moved, or transferred? Include checking, savings, money market, or houses, pension funds, cooperatives, assoc No Yes. Fill in the details.	r other financial accou	nts; certificates	of deposit		, ,			
	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of accounts instrument	int or	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer			
21.	Do you now have, or did you have within 1 y cash, or other valuables?	rear before you filed for	bankruptcy, an	ıy safe dep	osit box or other depos	itory for securities,			
	■ No □ Yes. Fill in the details.								
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)		Address (Number, Street, City,		the contents	Do you still have it?			
22.	Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?								
	■ No □ Yes. Fill in the details.								
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or h to it? Address (Number, S State and ZIP Code)		Describe	the contents	Do you still have it?			
Pa	rt 9: Identify Property You Hold or Control f	for Someone Else							
23.	Do you hold or control any property that son for someone.	meone else owns? Inclu	ude any propert	y you borr	owed from, are storing f	or, or hold in trust			
	■ No □ Yes. Fill in the details.								
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the prop (Number, Street, City, S Code)		Describe	the property	Value			
Pa	rt 10: Give Details About Environmental Info	rmation							
For	the nurnose of Part 10, the following definition	ns anniv							

For the purpose of Part 10, the following definitions apply:

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or

Debtor 1 Muneca Aldarondo

Case number (if known)

	toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.									
	Site	means any location, facility, or propert own, operate, or utilize it, including disp	ty as d	efined under any environmental	aw,	whether you now own, operate,	or utilize it or used			
	Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.									
Rep	ort a	II notices, releases, and proceedings th	hat you	ı know about, regardless of wher	the	ey occurred.				
24.	Has	any governmental unit notified you tha	at you	may be liable or potentially liable	unc	der or in violation of an environm	ental law?			
	■ No									
		Yes. Fill in the details.								
		me of site dress (Number, Street, City, State and ZIP Code)		Governmental unit Address (Number, Street, City, State and ZIP Code)	i	Environmental law, if you know it	Date of notice			
25.	Hav	re you notified any governmental unit of	of any r	elease of hazardous material?						
		No								
		Yes. Fill in the details.		Oassammental smit		Fusing a montal law if you	Data of matica			
		me of site dress (Number, Street, City, State and ZIP Code)		Governmental unit Address (Number, Street, City, State and ZIP Code)	i	Environmental law, if you know it	Date of notice			
26.	Hav	e you been a party in any judicial or ad	lminist	rative proceeding under any envi	ronr	mental law? Include settlements	and orders.			
		No								
		Yes. Fill in the details.								
		se Title se Number		Court or agency Name Address (Number, Street, City, State and ZIP Code)	Na	ture of the case	Status of the case			
Par	t 11:	Give Details About Your Business or	r Conn	ections to Any Business						
27.	Witl	hin 4 years before you filed for bankrup	otcy, di	d you own a business or have an	y of	the following connections to any	y business?			
		☐ A sole proprietor or self-employed	in a tra	ade, profession, or other activity,	eith	er full-time or part-time				
		☐ A member of a limited liability com	pany (LLC) or limited liability partnersh	ip (L	LP)				
		☐ A partner in a partnership								
		☐ An officer, director, or managing ex	xecutiv	ve of a corporation						
	☐ An owner of at least 5% of the voting or equity securities of a corporation									
		No. None of the above applies. Go to	Part 12	2.						
		Yes. Check all that apply above and fil	II in the	e details below for each business	i.					
		siness Name	Des	cribe the nature of the business		Employer Identification number				
		dress mber, Street, City, State and ZIP Code)	Nam	ne of accountant or bookkeeper		Do not include Social Security number or ITIN.				
						Dates business existed				
28.		hin 2 years before you filed for bankrup itutions, creditors, or other parties.	otcy, di	d you give a financial statement t	o ar	nyone about your business? Incl	ude all financial			
		No								
		Yes. Fill in the details below.								
		dress	Date	elssued						
	(Nu	mber, Street, City, State and ZIP Code)								

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Debtor	Muneca Aldarondo		Case number (if known)
Part 12	2: Sign Below		
are true with a l		g a false statement, concealing pro	ents, and I declare under penalty of perjury that the answers operty, or obtaining money or property by fraud in connection up to 20 years, or both.
/s/ Mu	ineca Aldarondo		
	ca Aldarondo cure of Debtor 1	Signature of Debtor 2	
Date	April 26, 2019	Date	
Did you	ı attach additional pages to Your State	ment of Financial Affairs for Indiv	iduals Filing for Bankruptcy (Official Form 107)?
■ No			
☐ Yes			
Did you	ı pay or agree to pay someone who is ı	not an attorney to help you fill out	bankruptcy forms?
■ No			
☐ Yes.	Name of Person Attach the Bank	kruptcy Petition Preparer's Notice, D	eclaration, and Signature (Official Form 119).

Fill in this infor	rmation to identify your cas	e:		
Debtor 1	Muneca Aldarondo			
Debior 1	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:M	IIDDLE DISTRIC	CT OF FLORIDA	
Case number				
(if known)				☐ Check if this is an
				amended filing
Official Ea	- was 400			
Official Fo				_
Stateme	nt of Intention	for Indiv	∕iduals Filing Under Chapte	er 7 12/15
If you are an ind	dividual filing under chapter	r 7, you must fi	Il out this form if:	
creditors have	ve claims secured by your p	property, or		
-	sed personal property and			
			you file your bankruptcy petition or by the date se	
wnich on the		ourt extends th	e time for cause. You must also send copies to the	creditors and lessors you list
	eople are filing together in nd date the form.	a joint case, bo	oth are equally responsible for supplying correct in	formation. Both debtors must
Sign a	nu date the form.			
			s needed, attach a separate sheet to this form. On t	the top of any additional pages,
write y	your name and case numbe	er (if known).		
Part 1: List Y	our Creditors Who Have Se	acured Claims		
List I	our orealtors who have of	courca Giannis		
		1 of Schedule D	: Creditors Who Have Claims Secured by Property	(Official Form 106D), fill in the
information b	reditor and the property that	is collateral	What do you intend to do with the property that	Did you claim the property
			secures a debt?	as exempt on Schedule C?
Creditor's			Course ador the preparty	□ No
name:			☐ Surrender the property. ☐ Retain the property and redeem it.	□ NO
			Retain the property and redeem it.	□Yes
Description of	f		Reaffirmation Agreement.	
property			☐ Retain the property and [explain]:	
securing debt	i:			_
Creditor's			D O man a dearth a man and a	□ No
name:			☐ Surrender the property.	□ No
name.			☐ Retain the property and redeem it. ☐ Retain the property and enter into a	☐ Yes
Description of	f		Reaffirmation Agreement.	
property			Retain the property and [explain]:	
securing debt	t:			_
Creditor's				
			☐ Surrender the property.	□ No
name:			Retain the property and redeem it.	□Yes
Description of	f		☐ Retain the property and enter into a Reaffirmation Agreement.	— 103
property			Retain the property and [explain]:	
securing debt	t:			

Official Form 108

Creditor's

Statement of Intention for Individuals Filing Under Chapter 7

☐ Surrender the property.

☐ No

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Debtor 1 Muneca Aldarone	do Case number (if known)
name: Description of property securing debt:	 □ Retain the property and redeem it. □ Retain the property and enter into a Reaffirmation Agreement. □ Retain the property and [explain]: 	☐ Yes
For any unexpired personal pr in the information below. Do n	d Personal Property Leases roperty lease that you listed in Schedule G: Executory Contracts and Ur not list real estate leases. Unexpired leases are leases that are still in eff d personal property lease if the trustee does not assume it. 11 U.S.C. § 3	ect; the lease period has not yet ended.
Describe your unexpired pers	sonal property leases	Will the lease be assumed?
Lessor's name: Description of leased Property:		□ No
Lessor's name: Description of leased Property:		□ No □ Yes
Lessor's name: Description of leased Property:		□ No □ Yes
Lessor's name: Description of leased Property:		□ No
Lessor's name: Description of leased Property:		□ No
Lessor's name: Description of leased Property:		□ No
Lessor's name: Description of leased Property:		□ No

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DCI	btor 1 Muneca Aldarondo	Case number (if known)
Par	rt 3: Sign Below	
٠ ٥.	• • • • • • • • • • • • • • • • • • •	
Und	ler penalty of perjury, I declare that I have inc	cated my intention about any property of my estate that secures a debt and any personal
Und prop	der penalty of perjury, I declare that I have inc perty that is subject to an unexpired lease.	
Und	der penalty of perjury, I declare that I have inc perty that is subject to an unexpired lease. /s/ Muneca Aldarondo	x
Und prop	der penalty of perjury, I declare that I have inc perty that is subject to an unexpired lease. /s/ Muneca Aldarondo Muneca Aldarondo	
Und prop	der penalty of perjury, I declare that I have inc perty that is subject to an unexpired lease. /s/ Muneca Aldarondo	x

Fill in	this information to identify your case:					irected in this form and	in Form
Debto	Muneca Aldarondo		12	2A-1Sup	pp:		
Debto (Spous	or 2 e, if filing)			■ 1. Th	ere is no presi	umption of abuse	
Unite	d States Bankruptcy Court for the: Middle District of F	Florida		ap	pplies will be m	o determine if a presur	
Case (if know	numbervn)			☐ 3. Th	e Means Test	cial Form 122A-2). does not apply now be service but it could ap	
						n amended filing	pry later.
Offi	cial Form 122A - 1					ir amenaca ming	
	apter 7 Statement of Your Cur	rent Moi	nthly Inc	ome	1		12/15
attach case n	complete and accurate as possible. If two married people as a separate sheet to this form. Include the line number to womber (if known). If you believe that you are exempted frowing military service, complete and file Statement of Exempted Calculate Your Current Monthly Income	which the addition m a presumption	nal information a of abuse becau	applies. (ise you d	On the top of ar o not have prin	ny additional pages, writ narily consumer debts o	te your name and or because of
1.	What is your marital and filing status? Check one or	nly.					
	■ Not married. Fill out Column A, lines 2-11.						
	\square Married and your spouse is filing with you. Fill ou	ut both Columns	A and B, lines	2-11.			
	\square Married and your spouse is NOT filing with you.	You and your s	spouse are:				
	☐ Living in the same household and are not lega	ally separated.	Fill out both Co	lumns A	and B, lines 2	2-11.	
	Living separately or are legally separated. Fill penalty of perjury that you and your spouse are living apart for reasons that do not include evading	egally separated	d under nonbar	nkruptcy	law that applie	es or that you and your	
101 the	in the average monthly income that you received from all (10A). For example, if you are filing on September 15, the 6-m 6 months, add the income for all 6 months and divide the total buses own the same rental property, put the income from that p	nonth period would I by 6. Fill in the re	be March 1 thro sult. Do not inclu	ugh Augu de any ind	st 31. If the amo	ount of your monthly incon ore than once. For examp	ne varied during ble, if both
				Columi		Column B Debtor 2 or non-filing spouse	
	Your gross wages, salary, tips, bonuses, overtime, payroll deductions).	and commission	ons (before all	\$	3,007.45	\$	
	Alimony and maintenance payments. Do not include Column B is filled in.	payments from	a spouse if	\$	0.00	\$	
1	All amounts from any source which are regularly pa of you or your dependents, including child support from an unmarried partner, members of your household and roommates. Include regular contributions from a sp filled in. Do not include payments you listed on line 3.	. Include regular d, your depende	r contributions nts, parents,	\$	0.00	\$	
5.	Net income from operating a business, profession,						
			otor 1				
	Gross receipts (before all deductions)	\$ <u>0.00</u> -\$ <u>0.00</u>					
	Ordinary and necessary operating expenses	0.00	Copy here ->	\$	0.00	\$	
	Net monthly income from a business, profession, or far Net income from rental and other real property		copy more	Ψ		Ψ	
0.	tot moome from remai and other real property	Deb	otor 1				
	Gross receipts (before all deductions)	\$ 0.00					
	Ordinary and necessary operating expenses	-\$ 0.00					
	Net monthly income from rental or other real property	\$ 0.00	Copy here ->	•\$	0.00	\$	
7.	Interest, dividends, and royalties			\$	0.00	\$	

Official Form 122A-1

Case number (if known)

						Column A Debtor 1		Column E Debtor 2 non-filing	or	
8.	Unem	ployn	nent compensation			\$	0.00	\$		
			r the amount if you contend that the amou Security Act. Instead, list it here:	nt received was a be	nefit under					
				\$	0.00					
			spouse	\$						
	benefi	t unde	retirement income. Do not include any a er the Social Security Act.			\$	0.00	\$		
10.	Do not receive	t inclu ed as stic te	m all other sources not listed above. Space any benefits received under the Social a victim of a war crime, a crime against his prorism. If necessary, list other sources on	Security Act or paymumanity, or internation	nents nal or					
						\$	0.00	\$		
						\$	0.00	\$		
		Tot	tal amounts from separate pages, if any.		+	\$	0.00	\$		
11.			rour total current monthly income. Add In. Then add the total for Column A to the t		\$	3,007.45	+ \$		= \$	3,007.45
Part	2:	Dete	rmine Whether the Means Test Applies	to You						
12.	Calcu	late y	our current monthly income for the year	r. Follow these steps	:					
	12a. C	Сору у	our total current monthly income from line	11		Сор	y line 11 h	nere=>	\$	3,007.45
	M	/lultiply	y by 12 (the number of months in a year)						X	
	12b. T	he re	sult is your annual income for this part of t	he form				12	2b. \$	36,089.40
13.	Calcu	late ti	he median family income that applies to	you. Follow these s	teps:					
	Fill in t	the sta	ate in which you live.	FL	7					
					_					
	Fill in t	the nu	umber of people in your household.	1						
	To find	d a list	edian family income for your state and size t of applicable median income amounts, g n. This list may also be available at the bar	o online using the link	specified	in the separa	ate instruc	13 tions	3. \$	49,172.00
14.	How o	do the	e lines compare?							
	14a.		Line 12b is less than or equal to line 13. Go to Part 3.	On the top of page 1,	check box	1, There is i	no presum	nption of abo	use.	
	14b.		Line 12b is more than line 13. On the top Go to Part 3 and fill out Form 122A-2.	of page 1, check box	(2, The pro	esumption of	abuse is	determined	by Form 1	22A-2.
Part	3:	Sign	Below							
	В	By sigr	ning here, I declare under penalty of perjui	y that the information	on this sta	atement and	in any atta	achments is	true and c	orrect.
	X	/s/ I	Muneca Aldarondo							
			neca Aldarondo nature of Debtor 1							
	Date		ril 26, 2019							
			/ DD / YYYY							
		•	checked line 14a, do NOT fill out or file Fo							
	If	vou c	checked line 14b, fill out Form 122A-2 and	file it with this form.						

Muneca Aldarondo

Debtor 1

Debtor 1 Muneca Aldarondo Case number (if known)

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 10/01/2018 to 03/31/2019.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Firstsource

Income by Month:

6 Months Ago:	10/2018	\$2,477.85
5 Months Ago:	11/2018	\$3,806.45
4 Months Ago:	12/2018	\$2,861.13
3 Months Ago:	01/2019	\$2,856.67
2 Months Ago:	02/2019	\$3,024.05
Last Month:	03/2019	\$3,018.53
	Average per month:	\$3.007.45

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

- \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

United States Bankruptcy Court Middle District of Florida

n re	Muneca Aldarondo	Debtor(s)	Case No. Chapter	7
	VER	IFICATION OF CREDITOR	MATRIX	
ie ab	ove-named Debtor hereby verifies	that the attached list of creditors is true and o	correct to the best	of his/her knowledge.
ate:	April 26, 2019	/s/ Muneca Aldarondo Muneca Aldarondo		

Signature of Debtor

Muneca Aldarondo 2800 E. 113th Ave. #108 Tampa, FL 33612 Credit Protection Association Attn: Bankruptcy Po Box 302068 Dallas, TX 75380 Jefferson Capital Systems, LLC Po Box 1999 Saint Cloud, MN 56302

Alan Borden Debt Relief Legal Group, LLC 901 W. Hillsborough Ave. Tampa, FL 33603 ERC/Enhanced Recovery Corp Attn: Bankruptcy 8014 Bayberry Road Jacksonville, FL 32256 Jose R. Mole 2931 W. Hillsborough Ave Tampa, FL 33614

Aaron's Sales & Lease Attn: Bankruptcy Po Box 100039 Kennesaw, GA 30156 FDOT P.O. Box 105477 Atlanta, GA 30348 Live Health Online 120 Monument Circle Indianapolis, IN 46204

American Credit Acceptance Attn: Bankruptcy Dept 961 E Main St Spartanburg, SC 29302 Fingerhut Attn: Bankruptcy Po Box 1250 Saint Cloud, MN 56395 Medical Tox 3450 E. Fletcher Ave. Tampa, FL 33613

Ameripath Florida P.O. Box 740977 Cincinnati, OH 45274-0977

First Premier Bank Attn: Bankruptcy Po Box 5524 Sioux Falls, SD 57117 Midnight Velvet Attn: Bankruptcy 1112 7th Avenue Monroe, WI 53566

Asset Recovery Systems, LLC 2200 E Devon Ave, Ste 200 Des Plaines, IL 60018-4501 Florida Medical Clinic 7229 Highway 301 Riverview, FL 33578 NPRTO Florida, LLC 256 W. Data Drive Draper, UT 84020

Big Pictures Loans P. O. Box 704 Watersmeet, MI 49969 Ginnys/Swiss Colony Inc Attn: Credit Department Po Box 2825 Monroe, WI 53566 Quest Diagnostics P.O. Box 7306 Hollister, MO 65673

Capital One Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130 Habana Surgical Center 4725 N. Habana Ave Ste. 100 Tampa, FL 33614 St. Joseph's Hospital P. O. Box 20888 Tampa, FL 33622

CCI/Contract Callers Inc Attn: Bankruptcy Dept 501 Greene St Ste 302 Augusta, GA 30901 Inter Americ Pob 363255 San Juan, PR 00936 The Vein and Vascular Inst. 2809 W Waters Ave Tampa, FL 33614

Tower Imaging Inc 2700 University Square Dr Tampa, FL 33612-5513

Trident Asset Management Attn: Bankruptcy Po Box 888424 Atlanta, GA 30356

True Accord 303 2nd Street Sutie 750 South San Francisco, CA 94107 B2030 (Form 2030) (12/15)

United States Bankruptcy Court Middle District of Florida

In re	Muneca Aldarondo		Case N	lo.			
		Debtor(s)	Chapte	7			
	DISCLOSURE OF COMPE	NSATION OF ATTO	RNEY FOR	DEBTOR(S)			
co	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:						
	For legal services, I have agreed to accept		\$	1,200.00			
	Prior to the filing of this statement I have received.		\$	1,200.00			
	Balance Due		_	0.00			
2. \$_	335.00 of the filing fee has been paid.						
3. T	he source of the compensation paid to me was:						
	■ Debtor □ Other (specify):						
4. T	he source of compensation to be paid to me is:						
	■ Debtor □ Other (specify):						
6. II a. b. c. d. e.	I have agreed to share the above-disclosed compens copy of the agreement, together with a list of the natural	mes of the people sharing in the agreed to render legal service ering advice to the debtor in determent of affairs and plan which ors and confirmation hearing, ags and other contested bankrup ient as needed, prepare the demandaries as required ules of the Court, as well a complete chapter 7 filing will continue to represent etition services until the Court, as well at the continue to represent etition services until the Court	te compensation is the for all aspects of the effect and aspects of the effect and any adjourned tree to matters; the Petition, its and by the Bankru as any other do g, and file same the debtor in the court enters and the court enters and the court enters and the court enters and the effect of the effect and the court enters and the effect of the effect of the effect and the effect of the effect of the effect of the effect and the effect of t	attached. the bankruptcy case, inclusted file a petition in bankruptcy; hearings thereof; ccompanying exhibits, ptcy Code, the Federal cuments or pleadings with the Clerk of the Ue case even where the	ding: aptcy; Form Rules of which are nited debtor		
7. B	y agreement with the debtor(s), the above-disclosed fe The contract between the parties does I limited solely to the preparation and filli Debtor also paid to firm \$40 for credit re	not include providing post ng of Client's case. eport		ervices on Client's be	half; it is		
т	contifue that the former in a result of the result of the former in a result of the result of th	CERTIFICATION		om mommogo-st-ti	htom(-):		
	certify that the foregoing is a complete statement of an inkruptcy proceeding.	y agreement or arrangement to	or payment to me i	or representation of the de	otor(s) in		
Ap	oril 26, 2019	/s/ Alan Borden					
Da	tte	Alan Borden 582 Signature of Attorn					
		Debt Relief Lega	al Group, LLC				
		901 W. Hillsbord Tampa, FL 3360					
		813-231-2088 F data@1800debti	ax: 813-354-262	7			
		Name of law firm	5.101100III		_		